Notice of Intent to Handle Universal Waste Electronic Devices (UWEDs) and/or Cathode Ray Tube (CRT) Materials

IMPORTANT NOTE

Do not complete this notification if you are a handler who will:

- dismantle or disassemble electronic devices into their components (wires, UW batteries, UW lamps, plastics, metals, etc.);
- process electronic devices and/or their components by shredding, grinding, sawing, cutting, etc.;
- remove yokes from CRTs and vent CRTs without breaking CRT glass; or
- process CRT materials by breaking CRT glass,

Instead, complete and submit DTSC Form 1388 "Notice of Intent to Handle and Treat or Recycle".

A. Handler Information [22 CCR	anotions 66272 12	/ 22/d\/2\/A\/4\	d 66272 92(a)/4) /7	'\1	fill in
the information requested be		7.33(u)(2)(A)(1) = (7) all	u 66273.62(a)(1) - (7)]. Piease	11111 1111
Handler (Facility) Name Phone ()				1	
Physical Address					
Mailing Address	Street	City	County	State	Zip
	Street	City	County	State	Zip
Contact Person (Name/Title)			Phone () _		
Mailing Address					
	Street	City	County	State	Zip
Facility Owner			Phone () _		
Mailing Address					
	Street	City	County	State	Zip
E-Mail address		(if availa	ble)		
EPA ID Number	(if applicable)				
B. Proposed Handling Activities Please check the box(es) tha box(es) that describes the ty	t describes the sou	rce(s) of the materials	yoù will collect. P	lèase chèc	
Materials Accepted From: Materials to Be Handle (Check all that apply)					
Businesses Households Other collectors Other please spe	ecify	☐ Ur ☐ Ur ☐ Ur ☐ Ex	athode Ray Tube Maniversal Waste Electroniversal Waste Batterniversal Waste Lampacempt Circuit Boards Cher Scrap Metal	onic Device ies	es

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C. Please specify where you intend to send the materials you will receive from offsite sources. If you intend to export materials, please complete Section "D" below. *Attach additional sheets if needed.*

Destination Facility or Handler				Materials Shipped (Check all that apply)
1: Name		Phone ()		Bare CRTs
Address				☐ CRT Devices ☐ CRT Glass
AddressStreet	City	State	Zip	UWEDs
Country		Phone ()		☐ Universal Waste Batteries ☐ Universal Waste Lamps ☐ Exempt Circuit Boards
Mailing Address Street				☐ Other Scrap Metal
Street	City	State	Zip	
Country				
EPA ID number	(if	applicable)		
2: Name		Phone ()		☐ Bare CRTs
Address				☐ CRT Devices ☐ CRT Glass
Address Street	City	State	Zip	☐ UWEDs ☐ Universal Waste Batteries
Country		Phone ()		Universal Waste Lamps
Mailing Address				☐ Exempt Circuit Boards ☐ Other Scrap Metal
Street	City	State	Zip	
Country				
EPA ID number	(if	applicable)		
3: Name		Phone ()		☐ Bare CRTs ☐ CRT Devices
AddressStreet				☐ CRT Devices
Street	City	State	Zip	☐ UWEDs☐ Universal Waste Batteries☐
Country		Phone ()		Universal Waste Batteries Universal Waste Lamps Exempt Circuit Boards
Mailing Address				☐ Other Scrap Metal
Street	City	State	Zip	
Country				
EPA ID number	(if	applicable)		

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Exports. If you intend to export, please refer to the requirements found in 22 CCR sections 66273.20 (small quantity handler), 66273.40 (large quantity handler), and/or 66273.90 (CRT material handler). Please specify the name of the facility that will export material(s) you have received and the type of materials intended for export.

Facility That Will Export Material		Materials Exported (Check all that apply)					
1: Name	Phone ()	☐ Bare CRTs ☐ CRT Devices					
Address Street City	State Zip	☐ CRT Glass ☐ UWEDs ☐ Universal Waste Batteries					
Country	Phone ()	☐ Universal Waste Lamps ☐ Exempt Circuit Boards					
Mailing Address City	State Zip	Other Scrap Metal					
EPA ID number (if	applicable)						
2: Name	Phone ()	☐ Bare CRTs ☐ CRT Devices					
Address Street City	21.1	CRT Glass					
		☐ UWEDs ☐ Universal Waste Batteries					
Country	Phone ()	☐ Universal Waste Lamps☐ Exempt Circuit Boards					
Mailing Address City	State Zip	Other Scrap Metal					
EPA ID number (if	applicable)						
E. Certification							
☐ I certify under penalty of law that the facility universal waste electronic devices and/or CRT and complete to the best of my knowledge.							
Signature	Title	Date					
Printed Name							
F. Notifications must be submitted to DTSC by certified mail, return receipt requested.							

MAIL TO: Department of Toxic Substances Control

> Hazardous Waste Management Program Regulatory Program Development Division

P.O. BOX 806

Sacramento, CA 95812-0806

Attention: UWED/ CRT Materials Handling Activities

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